



**STATEMENT OF PROCEEDINGS FOR THE  
REGULAR MEETING OF THE  
LOS ANGELES COUNTY COMMISSION FOR  
CHILDREN AND FAMILIES  
KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 739  
LOS ANGELES, CALIFORNIA 90012  
<http://latchildrenscommission.org>**

**Monday, December 8, 2014**

**10:00 AM**

AUDIO LINK FOR THE ENTIRE MEETING (15-0038)

**Attachments:** [AUDIO](#)

Call to Order (14-5452)

**The meeting was called to order at 10:13 a.m.**

Present: Commissioner Genevra Berger, Commissioner Candace Cooper, Commissioner Patricia Curry, Commissioner Ann E. Franzen, Commissioner Helen Kleinberg, Commissioner Adrienne Konigar-Macklin, Commissioner Liz Seipel, Commissioner Adelina Sorkin LCSW/ACSW, Commissioner Martha Trevino-Powell, Vice Chair Sydney Kamlager and Vice Chair Carol O. Biondi, and Chair Susan F. Friedman

Excused: Commissioner Dr. Sunny Kang and Commissioner Steven M. Olivas Esq.

**I. ADMINISTRATIVE MATTERS**

1. Introductions of December 8, 2014 meeting attendees. (14-5454)

**Self introductions were made.**

2. Approval of the December 8, 2014 Meeting Agenda. (14-5458)

**By Common Consent, there being no objection (Commissioners Kang, Olivas, and Vice Chair Biondi being absent), the Commission approved this item.**

3. Approval of the minutes from the meeting of November 17, 2014. (14-5459)

**By Common Consent, there being no objection (Commissioners Kang, Olivas, and Vice Chair Biondi being absent), the Commission approved this item.**

**Attachments:**    [SEE SUPPORTING DOCUMENT](#)

## **II. REPORTS**

4. Chair's report for December 8, 2014 by Susan F. Friedman, Chair. (14-5460)

- **Chair Friedman presented a gift to Sylvia Drew Ivie to thank her for service as the Commission's Executive Liaison.**
- **Chair Friedman reminded the Commission the Annual Christmas lunch will be held at Grand Central Market directly following the December 15, 2014, regular meeting.**

5. Department of Children and Family Services Director's Report for December 8, 2014 by Philip Browning, Director. (14-5461)

**Director Browning reported on the following:**

- **The Chairman's Challenge, initiated by Chairman Knabe, encouraged all County of Los Angeles Departments to be creative in gathering resources and working in collaboration with one another. Among the top eight projects submitted, DCFS took part in three of the entries. The First Responder Protocol was ranked in the top three. This project was done in collaboration with the newly-elected Sherriff during his tenure with the Long Beach Police Department.**
- **It was learned from the latest County Welfare Director's Association of California (CWDA) meeting that there are a number of different issues that continue to confront urban jurisdictions as opposed to their rural counterparts.**
- **Neither LA County nor the other counties have opted in for the Approved Relative Caregiver Funding Program (ARC) January deadline. Although the California Legislature has funded 30 million dollars with the hopeful deadline of implementation by January, many rules still have to be sorted out and there are difficulties associated with identifying the number of cases considered for the July 1, 2014 base. Through talking to staff from CWDA, an organization that every County Welfare Director is a part of, it is believed that DCFS is getting much closer to identifying what this**

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population is in LA County. Staff for CWDA have been recruited from the Assembly and the Senate; these individuals are very knowledgeable about policies and budgets.

- The ARC payment mechanism takes part in these unforeseen complexities. There is no simple payment methodology. And while it has been proposed that payments can go on an EBT card, this would only be a straightforward solution for relative care givers who are receiving CalWORKS. Because this payment methodology will be incompatible for non-CalWORKS participants, DCFS has been working with State staff and the CWDA to receive closure on this issue.
- California Department of Health Care Service Director Toby Douglas announced his retirement. Currently the State is looking for someone to replace him. The State has a high priority of putting people back to work.
- The County has been working with Public Health (DPH), Mental Health (DMH) and the Sherriff's Department to move forward with the Blue Ribbon Commission's recommendations. Many complexities have been observed with some of the recommendations, particularly, taking all children less than 2 years of age for a medical exam upon pick up prior to placement.
- In the current scenario, the relative caregiver or foster caregiver takes the children to the medical hub on DCFS's behalf within the first 30 days. If there comes a time where a social worker feels that there is an emergency or physical situation at hand, a warrant can be attained to immediately take the child to a Medical Hub prior to finding placement (with a relative or foster caregiver). Under the recommendation, this population of 20,000 children would have to be taken to a Medical Hub immediately. This would cause workloads to increase for both the Medical Hubs and DCFS Social Workers. The hubs would be impacted in terms of caring for all these children in a reasonable amount of time; and prior to placement duties, DCFS Social Workers would be tasked to take a child to a Medical Hub and wait on standby during their exam.
- Director Browning fully supports an adaptation to the recommendation. This adaptation calls for a Public Health Nurse to make a visit with a social worker in cases where the child is less than two years of age. Complexities are observed with this adaptation as well. DCFS hires workers with the understanding that the scope of their work may call for a 24 hour / seven day a week option. Public Health Nurses on the other hand, tend to have more traditional schedules. There are two types of Public Health Nurses: Public Health Nurses employed by DPH and public health nurses employed by DCFS.

Due to funding restrictions, Public Health Nurses who work for DPH aren't in a position to go out on a referral unless it is an open case. DCFS Public Health Nurses can go out on a referral regardless of case status. After conducting research, DCFS found that there are no other counties that are performing this undertaking at the level that has been recommended.

In response to questions posed by the Commissioners, Director Browning responded:

- DCFS Social Workers are equipped with camera phones so they can take pictures of injuries and email them in to Public Health Nurses. Ideally, medical hubs would be visited regularly by the children of the caregivers in order to track health progress; However, so isn't the case because parents do not want to drive far to these medical hubs when they usually have their own health care provider.
- The capabilities of the Medical Hubs have been reviewed and assessed. The hours of operation for some of these hubs do not work well with DCFS staff. Best practices are being determined for instances when a social worker has to leave for an emergency while a child are being examined at a medical hub. DCFS is looking into having separate staff that can transport and chaperone children during these medical hub visits. Funding for the public health nurses are going to be realigned this July, prior to that, DCFS will be studying the best use of funding for these nurses.

### **III. PRESENTATIONS**

6. Follow-up discussion on court issues from the Childrens' Advocate perspective by Leslie Heimov, Executive Director of the Childrens' Law Center. (14-5485)
  - The Children's Law Center of California (CLC) was created by the Board of Supervisors 25 years ago with the notion that the CLC would be less expensive than the private panel attorneys that represented both children and parents. The private panel attorneys were paid on a case-by-case basis upon appointment by the Judge.
  - There was a shortage of CLC staff resources during their inception in 1990. It was clear that there was a significant difference in the quality of representation that children and parents received when represented by a

private sole practitioner as opposed to an agency model of representation. Most of the panel attorneys were private sole practitioners; the agency model of supervision included oversight, social work support and supportive training.

- In 1998, there was a very high profile case involving a child by the name of Lance Holmes. Lance Holmes was represented by a panel attorney, and was less than 3 years of age when he was taken from his maternal grandparents care and brought to the custody of his father who successfully completed reunification. Within a few weeks Lance Holmes was rushed to the emergency room with blunt force trauma from head to toe and unfortunately passed away in the hospital. From that point forward, the Presiding Judge of the Superior Court made a local rule indicating that all children will be represented by a CLC attorney and that CLC attorneys would no longer be appointed for parents. CLC was deemed as the attorney of choice when a child needed an attorney, and they began solely focusing on representing children.
- In 2004, the CLC's contract with the State changed from having a cap on how many children they would represent to requiring that they represent every child that is filed on in LA County. Despite this, funding did not change on a year-by-year basis to match this new requirement. The CLC's current contract with the State is no longer funded by the Board of Supervisors (such was the case from 1996-2001). This contract with the State, by way of the Judicial Council, mandates the CLC to represent every child who comes before the Dependency Court. Today, the CLC has upwards of 30,000 clients and only 102 attorney positions. These figures allocate over 300 children per attorney; in Lancaster, caseloads are closer to 400, due to higher filing rates and a limited amount of attorneys within that area.
- The CLC has not seen a funding increase in the last five years. They have been working hard with the Judicial Council and the Legislature in order to achieve a significant increase in their funding. Last session, both the Senate and the Assembly recommended a final budget to the Governor that entailed a 3 year implementation of 11 million dollars statewide. Under this recommendation the CLC would receive nearly 40% of these funds. Moreover, the amount of funds would progress from 11 million the first year, 22 million next year, and cap of 33 million the third year going forward. 33 million dollars is the number that is believed to be needed statewide for every child attorney and parents' attorney in a dependency system in the state to have a maximum of 188 clients. The optimum number of clients is researched based at 77 clients.

Despite making it to the final day in June, The budget bill did not pass. Currently, the CLC is working with the Governor's office, the Judicial Council, and Legislature to attain funds moving forward.

- There was an article in the LA Times stating that the CLC is considering not taking new clients. Although the decision has yet to be made, the CLC's Executive Board is considering this topic and vetting their course of action with their staff. The Lawyers' Canons of Ethics states that: "if taking on a new client would cause the attorney to be unable to provide effective or adequate legal representation to their current client(s), they are prohibited from taking on that new client"; such is the basis for their potential decision. Currently, the CLC is limited to a triage approach to representation. CLC attorneys are often times reduced to prioritizing between emergencies and vetting out orders of urgency.
- The CLC has 200 new clients filed on every day. Each attorney retains new cases three times a week and works in courtrooms from open hours to closing hours. Ideally, the attorneys should be in court 3 days a week and allotted 2 days a week for office time. Their model system would allow for attorneys to visit clients' homes, attend IEP meetings, and go to delinquency court when needed to appear. The CLC is at a point where they are unable to meet with collaborators nor the courts who want to work on special interest projects – such as that of psychotropic medication for example-- because their staff does not have time to spare in the absence of funding.
- The CLC is consulting with outside counsel and will be reaching a decision in January about the consequences of refusing new clients will be. If they do refuse new clients, there will be about 200 children per day who without an attorney. The code requires that children have a lawyer and after consulting with Judge Nash, a solution to this problem still remains unknown.

In response to questions posed by the Commissioners, Ms. Heimov responded:

- The initial phases of a case are the most labor intensive because a lawyer is required to do an independent investigation and make recommendations back to the court about what the child needs at the moment. In 4 weeks' time, the attorney returns to court for the pre-resolution conference; It is at this time where mediation would be implemented. Mediation would have an impact on moving cases faster, which would --in theory-- reduce caseload over time; however the impact would not be felt for a year in terms of overall numbers reducing.

- The CLC's annual budget in Los Angeles is just shy of 19 million dollars. CLC is tasked to represent all the children in Sacramento which amounts to about 3,000 children.
- Administrative review in the code can be used as an alternate to the court hearing after the case is in a permanent plan and moving towards six month reviews. Administrative reviews impact the court process down the road more so and are not available at the front end of the case. Administrative reviews have the potential to still end up in court by process of filing a petition. The CLC found administrative reviews to be ineffective and worked to end the administrative review process when they started in Sacramento.
- Cases are becoming more complex due to the fact that the CLC knows and understands more than they did 20 years ago. The expectations of the court system have expanded dramatically and as a result, the expectations for attorneys and social workers have expanded as well. Mental health, substance abuse, therapy, and psychotropic medication are all issues that the CLC is dealing with now as opposed to 20 years ago. Cases simply require a lot more time and more funding.
- Support letters to the Governor and State are welcomed by the CLC. During the last legislative session, the Board of Supervisors sent a 5-signature letter.

By Common Consent, there being no objection (Commissioners Berger, Cooper, Kang, Konigar-Macklin, and Olivas, being absent), the Commission accepted Ms. Heimov's presentation.

**7. Update by Department of Children and Families (DCFS) on Child Fatalities:**  
(Continued from the meeting of 11-17-14)

• Francesca LeRúe, Division Chief, Risk Management Division, DCFS  
(14-5242)

**Francesca LeRúe, Division Chief, Risk Management Division, DCFS reported on the following:**

- One of the new developments from last year was the initiation of the

**Butterfield v. Lightbourne State Regulation.** Prior to the passing of this law, it was determined that abuse and neglect had to be carried-out by the hands of a parent; Because such is no longer the case under the new regulation, since December of 2012, 66 additional child fatalities --resulting from abuse and neglect-- were attributed to individuals other than the child's parents.

- **The Single Entity Board Motion** mandated DCFS to track the number of child fatalities to ensure a clear understanding of the actual number of child deaths occurring in LA County. Because their figures are derived from a hotline --by which the Department of the Medical Examiner-Coroner staff reports their numbers -- DCFS only has a portion of this data. To make this data complete, DCFS has requested statistics from DPH and are working to determine the total number of naturally- caused child fatalities through tracking death certificates signed by a physician. The Single Entity Board Motion has since been placed on hold from further development due to the presence of the Blue Ribbon Task Force on Child Protection per the Chief Executive Office.
- **DCFS's Critical Incident Child Fatality Section** gathers information and conducts analysis on all children that have died in Los Angeles County and verifies if these children have a prior history with DCFS. DCFS is in the process of enhancing the Critical Incident Child Fatality Section's tracking system so they can identify whether a child or family has had contact with another agency. DCFS aims to identify systemic or operational issues and determine how they can better collaborate with other agencies.
- **In the absence of a new computer system**, DCFS has developed a tracking log for the incoming information that they wish to capture. Because often times there are lengthy timeframes involved with enhancing computer systems, these tracking logs allow for DCFS to go back and input the current information they are capturing, while their computer systems are still pending.
- **Often times, security holds from the Medical Examiner-Coroner's office** prevent autopsy reports from reaching DCFS in a timely manner. As of today, DCFS has 99 autopsy reports that have not been received; Two out of the 99 reports are still pending from 2012. DCFS has seen an improvement in these numbers, as last year hosted a total number of 119 non-received autopsy reports.



- DCFS discovered a gap in researching the suicide trends of individuals ages 24 and below. The service scope of the Child Protective Hotline, by which DCFS pulls their numbers from, is limited to individuals ages 17 and under. DCFS does not know of any system in place –anywhere-- that tracks the suicide numbers of youth ages 18-24, nor how to detect if members of this population were formerly foster children.
- Having an open referral at the time of the child's death does not necessarily indicate that DCFS was actively investigating a case of abuse or neglect. For example, a child in question may have gone to the hospital on a near fatality or critical incident, and as the referral is received, the child dies. DCFS receives many referrals that upon the incident that later lead to the child's death. It is the job of the Critical Incident and Child Fatality Section to assess if each referral has been evaluated. The Second Supervisorial District has the highest number of reported child deaths; Among these numbers, natural-causes is ranked as the highest cause of death.
- DCFS has updated their Risk Management Website alongside an interactive tool named PAL, by which social workers can better learn about child fatalities and trends.

In response to questions posed by the Commissioners, Ms. LeRúe responded:

- One requirement of the Single Entity Board Motion asked DCFS to track how many children dying had a minor parent; the study reflected a low number, indicating that children of minor parents are not at greater risk for death.
- Per regulation, stillbirths do not apply to SB 39. Pregnant women on drugs who have stillborn babies do not get charged with abuse nor neglect.

By Common Consent, there being no objection (Commissioners Curry, Kang, Konigar-Macklin, and Olivas, being absent), the Commission accepted Ms. LeRúe's presentation.

Attachments:    [SEE SUPPORTING DOCUMENT](#)  
                          [SEE SUPPORTING DOCUMENT](#)

8. Presentation on the overlaps between safe sleeping deaths between the population, and those in the child welfare system. by Dr. James K. Ribe, Senior Physician, Forensic Medicine Division, Department of Medical Examiner - Coroner, County of Los Angeles. (14-5484)

**Dr. James K. Ribe reported on the following:**

- **The reason for the commonality of risk factors found in Sudden Infant Death Syndrome (S.I.D.S.), co-sleeping deaths, unsafe sleep surface deaths, and undetermined death versus that of child physical abuse and neglect is due to the similarity in life conditions and economics of family survival.**
- **The home setting consists of a crowded upstairs apartment in a working or lower class district with more than two unrelated adult inhabitants coming and going; a young woman and her boyfriend is the typical arrangement.**
- **The mothers of the children are often limited by the jobs they can obtain, and typically work night shifts in the garment or food preparation industry.**
- **These unemployed young men right out of high school, who serve as the night caretaker, are extremely ill-suited to care for a child, especially during the first six months from which a baby requires a lot of attention.**

**Observations based on Dr. James K. Ribe's experience in the field:**

- **Most fatal child abuse victims are under the age of one**
- **The child is not provided a separate sleeping arrangement, and car seats are often used in lieu of a bed**
- **Bedding is unsafe for children, for example: fiber-filled blankets**
- **The home has a cluttered appearance, is infested with cockroaches, and the preparation for infant care is done haphazardly**
- **A discrepancy exists between Francesca LeRue's data and Dr. Ribe's experience in the field; Ms. LeRue reported that the mother of the child is often times found to be the abuser; however, through Dr. Ribe's material, he found that the boyfriend is the typical perpetrator. The physical abuse tends to happen over a period of hours or days. The mother either participates in the abuse or helps cover up the abuse through lying to the police. Nationally speaking, an unrelated male residing in the house is statistically the largest single risk factor for fatal child abuse in the under 2-year age group.**

- Smoking in the home by others and alcohol usage in the home are large risk factors for S.I.D.S.
- In California, African-American infants have an 8.8 times higher risk of dying of S.I.D.S. than that of White infants. Although Hispanics have the highest number of deaths related to S.I.D.S., this figure is skewed by their large population size; Hispanics have the lowest rate of S.I.D.S. in California.
- S.I.D.S. has a current incidence of roughly one per thousand live births. This statistic has gone down from two and a half per thousand live births 30 years ago, largely due to the efforts of the “Back to Sleep” campaign.

In response to questions posed by the Commissioners, Dr. Ribe responded:

- Alcohol and marijuana usage is theorized to be a risk factor for S.I.D.S. cases; however, the Department of the Medical Examiner-Coroner does not have a means of proving this. When a S.I.D.S. case occurs, the parents are not considered suspects because no crime has been committed. Therefore, there is no authority to test the parents for neither alcohol nor drug usage.
- Social isolation means that the family has no interaction with the outside world, especially with DCFS. Social isolation is observed more prevalently in the African-American community. The Hispanic community tends to accommodate more people living in the same space as an economic measure. Visiting nurses has been shown to be an effective measure for prevention.

By Common Consent, there being no objection (Commissioners Curry, Kang, Konigar-Macklin, and Olivas, being absent), the Commission accepted Dr. Ribe’s presentation.

Attachments:    [See Supporting Document](#)

#### **IV. MISCELLANEOUS**

##### **Matters Not Posted**

9. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (14-5467)

**There were none.**

##### **Announcements**

10. Announcements for the meeting of December 8, 2014. (14-5468)
- **Chair Susan F. Friedman announced that this was her last meeting with the Commission.**

##### **Public Comment**

11. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (14-5470)

**No members of the public addressed the Commission.**

##### **Adjournment**

12. Adjournment of the meeting of December 8, 2014. (14-5475)

**The meeting adjourned at 11:57 a.m.**